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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/717,632

Filing Date November 21, 2003

First Named Inventor Victor V. Verbinski, et al.

Art Unit 2884

Examiner Name Gagliardi, A.

Total Number of Pages in This Submission SAIC0055CCIP2 Attorney Docket Number ENCLOSURES (check all that apply) Fee Transmittal Form ☐ Drawing(s) After Allowance Communication to TC Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Credit Card Payment Form Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm KILPATRICK STOCKTON LLP Signature ~ Reg. No. 48, 499 Printed Name George T. Marcou Reg. Date May 22, 2006 33,014 CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
ALES .	,	Application Number	10/717,632	
FEE TRANSI	WILLAL	Filing Date	November 21, 2003	
for FY 20	006	First Named Inventor	Victor V. VERBINSKI, et al.	
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Gagliardi, A.	
	(\$) 350	Art Unit	2884	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	SAIC0055CCIP2	
	4 4			

A TABLE

METHOD OF PAYMENT (check all that apply)								
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
□ Deposit Account Deposit Account Number: 501458 □ Deposit Account Name: Kilpatrick Stockton LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
☐ Charge ree(s) indicated below ☐ Charge ree(s) indicated below, except for the ming ree ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments								
Under 37 CFR 1.16 and 1.17								
WARNING: Information on the information and authorization			t card information	on should not be inc	luded on this	form. Provide cre	dit card	
FEE CALCULATION								
1. BASIC FILING, SEA								
	FILING FEES Small Entity		SEARCH	SEARCH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)							<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200						50 200	25 100	
Multiple dependent cla		idding Reissues)				360	180	
Total Claims	Extra C	laims Fee(\$	<u>Fee</u>	Paid (\$)		<u>Multiple [</u>	Dependent Claims	
<u>24</u> -20 or HP= <u>1</u> x <u>50</u> = <u>50</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra C	laims Fee(\$	<u>Fee</u>	<u>Paid (\$)</u>				
3 or HP= x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)							rees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (a.g., late filing surpharge): IDS Filing Fee & 1 Mo Eyr Fee								
Other (e.g., late filing surcharge): IDS Filing Fee & 1 Mo Ext Fee						<u>300</u>		

SUBMITTED BY				
Signature	Cm : Again Ray. No. 48,499	Registration No. (Attorney/Agent) 33,014	Telephone	202 508 5800
Name (Print/Type)	George T. Marcou		Date	May 22, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.